

North Carolina CDBG-DR Duplication of Benefits (DOB) Worksheet and Homeowner Certification

Section1 - General Information														
Applicants name					Reviewers name			Date						
Address of damaged property			Type of assistance requesting		Reimbursement/repairs		# of bedrms in damaged property		Occupancy Standard bedroom requirement			Date of Application		
Section 2- Rehab or Reconstruction Determination				Section 3 - Duplication of Benefit			Section 4 -Reimbursement	Section 5- Unmet Needs Calculation (AWARD AMOUNT)						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Pre-flood Value of Home	50% of pre-flood Value ( 50% Of A)	Cost of all Repairs	Repairs(<50%) or reconstruction (>50%)	Total Duplicated Assistance (section 6)	Amount of eligible receipts (Section 7)	DOB (E- F - if a positive amount or 0 if negative amount)	Amount approved for reimbursement for disaster related repairs - (deductions must be prior to application and within one year of disaster for reimbursement) - E-F	DOB (G - if a positive amount or 0 if negative amount)	Reimburs. amount line - H	Remaining Costs Needed for rehab	Remaining Costs Needed (I+J+L)	Maximum Award Allowed	Total Award Lesser of (L or M)	
	\$ -					\$ -		\$ -	\$ -		\$ -	\$ 100,000.00		
Section 6- All Disaster Related Assistances Received								Section 7 - All Approved Deductions From DOB						
AGENCY	Rental Assistance	REPAIRS	PERSONAL PROPERTY	REPLACEMENT HOUSING	OTHER	DOB	Type of Back-up Documentation (Receipts State Database; letter of verification from funding entity (third party verification); Check Stub; Affidavit of Assistance; other* )	Date of work/receipt		Amount	item purchased			
FEMA														
SBA														
Insurance - Auto-owners														
Non-Profits														
Total assistances received														
*NOTES* (Please explain all funding listed under "other")														
My/Our signature below indicates that I/we have read, understood and agree to all statements on this document. I/we are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the <i>Insert State Agency or UGLG and the specific Program</i> and may result in legal action.														
Applicant Signature							Applicant Signature							